



Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs

305 South Street, Jamaica Plain, MA 02130

Telephone 617 983-6700 Fax 617 524-8062

Application for Massachusetts Controlled Substances Registration for Schools
In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form
- Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts"
- No fee is charged if submitting this form only for *Amended Information*
- Sign (not initial) and date form
- Attach a list of all sites at which prescription medication will be stored pursuant to this registration

Incomplete applications will be returned and will cause a delay in receiving your MCSR.

For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

Application Type: (Please select one)

☐ New

☐ Renewal

☐ Amended Information

In the boxes below enter the requested information.

1) Applicant: (School Committee/Board of Trustees)

2) Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)

3) Applicant Mailing Address (If different):

4) Designated School Nurse:

5) Nurse's Telephone No.: ()
area code

6) If a renewal, current Mass. Controlled Substance Registration No.:

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health.

Signed under the pains and penalties of perjury.

Signature of authorized individual _____

School Nurse (RN) Contact

Date _____

Print Name: _____

Title: _____